Edgar Filing: MEDFORD RUSSELL M - Form 4

MEDFORE Form 4	O RUSSELL M									
April 18, 20)18									
FORM	ЛЛ						COMMISSION		PPROVAL	
	N OMB Number:	3235-0287	7							
Check t if no lor subject Section Form 4 Form 5 obligati	nger to 16. or Filed pur	Section	NGES IN SECUI	Estimated burden hou response	irs per	5				
may con <i>See</i> Inst 1(b).	ntinue. Section 17(•	•	mpany Act ny Act of 1	of 1935 or Section 940	on		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> MEDFORD RUSSELL M			2. Issuer Name and Ticker or Trading Symbol CESCA THERAPEUTICS INC.			5. Relationship of Reporting Person(s) to Issuer				
			[KOOI	[]			(Check all applicable)			
(Last) (First) (Middle) 2711 CITRUS ROAD			3. Date of Earliest Transaction (Month/Day/Year) 04/16/2018			Officer (give titleOther (specify below) below)				
		4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
RANCHO	CORDOVA, CA	95742					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code Disposed of (D) r) (Instr. 8) (Instr. 3, 4 and 5) (A) or		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
D . I D	4 1	c 1 1	C				· 1· .1			
keminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	Perso inforr requi	ons who res nation cont red to resp	or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	or I (D)	uired (A) Disposed of str. 3, 4, 5)					(
				Code V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 3	04/16/2018		D		34,000	<u>(1)</u>	12/31/2028	Common Stock	34,000	

Reporting Owners

Reporting Owner Name / Add	dress	Relationships						
		irector	10% Owner	Officer	Other			
MEDFORD RUSSELL M								
2711 CITRUS ROAD		Х						
RANCHO CORDOVA, CA 95742								
Signatures								
/s/ Russell M. Medford	04/18/201	8						

<u>**</u>Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

The option vests in two (2) installments. 13,500 shares on December 31, 2018 and 6,500 shares on December 31, 2019. Under the terms of the award agreement, no portion of the option may be exercised unless and until the stockholders of the Company approve the

 (1) Of the award agreement, no portion of the option may be exercised unless and unit the stockholders of the Company approve the November 2017 amendment to our 2016 Equity Incentive Plan and only if such amendment is approved by the stockholders within one year of the adoption of the amendment.

(2) 34,000 shares of the stock options were cancelled by mutual agreement of the reporting person and Cesca Therapeutics Inc. The reporting person received no cash consideration for the cancellation.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.